

# FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: Jam' Sésation  
 Operator: Pham Tri  
 Licence #: 01-01561  
 Address: City Market, BISTRO Section, Moncton

Type:  Eating Establishment, \_\_\_ Bakery, \_\_\_ Catering Kitchen, \_\_\_ Mobile Canteen, \_\_\_ Institutional, \_\_\_ Vending Machine  
 Category:  Routine, \_\_\_ Re-inspection, \_\_\_ Complaint, \_\_\_ New Facility, \_\_\_ Communicable Disease Follow-up inspection  
 Number of employees: 1 Seating Capacity: 0 Water Supply: Private \_\_\_ Municipal

Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	
<b>1.0 FOOD</b>					3.4	<input checked="" type="checkbox"/>			Cooling Methods	6.4		<input checked="" type="checkbox"/>		Manual Dish / Pot washing	<b>10.0 WATER SUPPLY- WASTE DISPOSAL</b>					
1.1		<input checked="" type="checkbox"/>		Approved Source	3.5	<input checked="" type="checkbox"/>			Re-Heating Methods	6.5		<input checked="" type="checkbox"/>		Eating Utensils / Dishes	10.1		<input checked="" type="checkbox"/>		Water- Quality, quantity	
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.6		<input checked="" type="checkbox"/>		Handling Methods	<b>7.0 CLEANING AND SANITIZING</b>					10.2		<input checked="" type="checkbox"/>		Sewage Disposal	
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	<b>4.0 FOOD DISPLAY / SERVICE</b>					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present	10.3		<input checked="" type="checkbox"/>		Solid Waste Handling	
<b>2.0 FOOD STORAGE</b>					4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage	<b>11.0 LIGHTING AND VENTILLATION</b>					
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0 SANITARY FACILITIES</b>					11.1		<input checked="" type="checkbox"/>		Lighting	
2.2		<input checked="" type="checkbox"/>		Frozen Storage	<b>5.0 PERSONNEL</b>					8.1		<input checked="" type="checkbox"/>		Staff Washroom (s)	11.2		<input checked="" type="checkbox"/>		Ventilation	
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature	5.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	<b>8.2</b>					<b>12.0 GENERAL</b>					
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.2		<input checked="" type="checkbox"/>		Employee Health	8.3		<input checked="" type="checkbox"/>		Hand Washing Sink (s)	12.1		<input checked="" type="checkbox"/>		License	
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	8.4		<input checked="" type="checkbox"/>		Utility Sink / Janitor Sink	12.2		<input checked="" type="checkbox"/>		Rodents and Insects	
2.6		<input checked="" type="checkbox"/>		Dry Storage	<b>6.0 FOOD EQUIPMENT &amp; UTENSILS</b>					8.5	<input checked="" type="checkbox"/>			Staff Change Rooms	12.3		<input checked="" type="checkbox"/>		Other Infraction	
<b>3.0 FOOD PREPARATION</b>					<b>9.0 FLOORS, WALLS, CEILINGS</b>															
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, Installation and maintenance	9.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance						
3.2	<input checked="" type="checkbox"/>			Cooking Methods	6.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	9.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance						
3.3	<input checked="" type="checkbox"/>			Holding Methods	6.3	<input checked="" type="checkbox"/>			Mechanical Dishwashing	9.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance						

N.O-Not Observed, S- Satisfactory, U- Unsatisfactory, MI-Minor infraction, MA- Major Infraction, CR- Critical Infraction

Item No.	MI	MA	CR	REMARKS	Date for Correction
				Everything was satisfactory during inspection.	

Green:  Light yellow: \_\_\_ Dark yellow: \_\_\_ Light red: \_\_\_ Dark red: \_\_\_

Date of Inspection: April 30/09

Re-Inspection Required: yes \_\_\_ no  If Yes, Date: N/A